

## TAXICAB OWNER REQUIREMENTS FOR APPLICATION:

- 1 copy of completed application, signed by applicant and notarized by a notary public of the State of New Jersey
- 1 passport photograph taken within the past thirty days
- 1 copy of certified driver's abstract dated within last thirty days
- 1 copy of current driver's license
- Check or money order in the amount of \$50.00 made payable to the Township of Bloomfield (if denied, there are no refunds)
- Each applicant shall be subject to fingerprinting. Per the New Jersey state police, applicant fingerprinting is to be performed by Indentogo. The cost for the fingerprinting check including all costs of administering and processing the check, shall be borne by the applicant. (if denied, there are no refunds)
- Schedule your appointment at <https://uenroll.indentogo.com> using the following service codes:
  - Service Code: 2F17ZY ORI# NJ0070200
  - Contact our Police Department (973) 680-4030 to obtain your Contributor's Case Number
- Once you schedule your appointment, please attach the confirmation page to the application. If denied there are no refunds.
- No application will be processed without the documents noted above.

**TOWNSHIP OF BLOOMFIELD  
TAXICAB OWNER'S LICENSE APPLICATION**

License Fee: \$150.00 for **Each** Vehicle

Date Filed: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Company Address: \_\_\_\_\_

Applicant's NJ D/L: \_\_\_\_\_ (Insert Driver's License No. and Attach a Copy hereto)

Address where vehicle(s) will be garaged if other than above: \_\_\_\_\_

Please answer the following questions. Providing false information will result in the **AUTOMATIC DENIAL** of Application:

- Has Applicant ever been convicted of a crime? **Circle One** - YES or NO.
- Has Applicant ever been convicted twice of being a disorderly person? **Circle One** - YES or NO
- Has Applicant ever been convicted of two motor vehicle moving violations? **Circle One** - YES or NO
- Does Applicant have any outstanding unsatisfied judgments arising out of a motor vehicle accident? **Circle One** - YES or NO

If you have answered "Yes" to any of the above, please provide details: \_\_\_\_\_

Are you covered by insurance as required by N.J.S.A. 48:16-3 and 48:16-4, as amended and supplemented? \_\_\_\_\_

Name and Address of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_

**For each taxicab you own, please provide the requested information as shown on Page Three of this Application.**

State of New Jersey :  
: ss.:  
County of \_\_\_\_\_:

\_\_\_\_\_, being duly sworn according to law, deposes and says that he/she is the individual making the foregoing Application for a Taxicab Owner's License; that the answers to the foregoing questions and other statements contained thereon and made by me and are true to my own knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

Sworn to and Subscribed to before me, this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
A Notary Public of the State of New Jersey  
*AFFIX SEAL HERE*

**DO NOT WRITE BELOW THIS LINE**

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**APPROVED BY:**

Records Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Collector: \_\_\_\_\_

Date: \_\_\_\_\_

Police Chief: \_\_\_\_\_

Date: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Date: \_\_\_\_\_

